

AO 440 (Rev. 06/12) Summons in a Civil Action

# UNITED STATES DISTRICT COURT

for the

Eastern District of New York

Allstate Insurance Company, Allstate Indemnity  
Company, Allstate Property and Casualty Insurance  
Company, and Allstate Fire & Casualty Insurance  
Company,

*Plaintiff(s)*

v.

Jaime Gutierrez, M.D., John Doe One through John  
Doe Five, and Alleviation Medical Services, P.C.

*Defendant(s)*

Civil Action No. 17-cv-1139

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* See Attached Rider

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Abrams Cohen & Associates  
5 Hanover Square, Suite 1601  
New York, New York 10004

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DOUGLAS C. PALMER  
CLERK OF COURT

*s/Priscilla Bowens*

*Signature of Clerk or Deputy Clerk*

Date: 02/28/2017



Civil Action No. 17-cv-1139

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
 was received by me on *(date)* \_\_\_\_\_ .

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**Print**

**Save As...**

**Reset**

**RIDER TO SUMMONS IN  
ALLSTATE INSURANCE COMPANY, ET AL. v. JAIME GUTIEERZ, M.D., ET AL.**

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
ALLSTATE INSURANCE COMPANY; ALLSTATE  
INDEMNITY COMPANY; ALLSTATE PROPERTY  
AND CASUALTY INSURANCE COMPANY;  
ALLSTATE FIRE & CASUALTY INSURANCE  
COMPANY,

Docket No.: 17-cv-1139

Plaintiffs,

Plaintiff Demands  
a Trial by Jury

-against-

JAIME GUTIERREZ, M.D. and JOHN DOE ONE  
through JOHN DOE FIVE,  
    (**“Individual Defendants”**),

-and-

ALLEVIATION MEDICAL SERVICES, P.C.,  
    (**“Provider Defendant”**),

collectively, the Defendants.

-----X

**INDIVIDUAL DEFENDANTS**

**Jaime Gutierrez, M.D.**  
100 Jay Street, Unit 23C  
Brooklyn, New York 11201

**PROVIDER DEFENDANT**

**Alleviation Medical Services, P.C.**  
100 Jay Street, Unit 23C  
Brooklyn, New York 11201